

FORM CP-LOC-B

BUILDING LOCATION CODE
AUTHORIZATION FORM

PR #	SOCIAL SECURITY NUMBER	NAME (Last,First,Mi)	BUILDING CODE (8 DIGITS)

INSTRUCTIONS:

Please complete this form for all employees (including those employed in Special Services positions) upon hiring, or when an employee transfers to a different payroll number or building location code. This form must be submitted to OMB – Centralized Payroll together with the Regular Payroll Transmittal for New Hires, Terminations, and Cost Center/Project Activity Changes, and the Listing of Terminations, in accordance with the payroll cut-off dates established on the OMB Schedule of Pay Periods, Proof Due Dates, Pay Dates.

Do not use this form for mass changes of employees.